

**ROYAL
PHARMACEUTICAL
SOCIETY**



**PHARMACIST
SUPPORT**

RPS and Pharmacist Support Mental Health and Wellbeing Survey 2021



DECEMBER 2021

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Executive summary

In 2019, we conducted our first mental health and wellbeing survey, in conjunction with the independent charity, Pharmacist Support. The main purpose of the survey was to gain a better understanding of the mental health and wellbeing of the pharmacy workforce, to inform our policy and the development of charity support.

The findings enabled us to develop a strategy to support pharmacists and their teams, and informed Pharmacist Support's wellbeing activities and ACTNow campaign. In 2021, to ensure we continue to meet the needs of the profession, we've conducted a third Mental Health and Wellbeing Survey, again in collaboration with Pharmacist Support.

SUMMARY OF FINDINGS

A total of 1014 responses were received. Of those currently working, 45% of the respondents worked in community pharmacy, 26% worked in hospital pharmacy and 11% worked in general practice. The survey had representation from England (75%), Scotland (16%) and Wales (8%).

The findings suggest that a significant proportion of the workforce are continuing to report average, poor or very poor mental health and wellbeing.

- Over a third of respondents stated that their overall mental health and wellbeing had been average in the last year, while nearly four in ten stated that it was poor or very poor.
- Of those working in patient focussed roles, the mental health and wellbeing of those practising in general practice appeared to be better than those working in community or hospital pharmacy.
- Seven in ten respondents reported that their work had negatively impacted their mental health and wellbeing with reasons including workload, inadequate staffing, long hours and a lack of work-life balance, recognition, and public expectation.
- Two in five respondents said that their mental health sometimes affected their ability to carry out their work effectively or accurately.
- More than four in five respondents really enjoyed, enjoyed or enjoyed some aspects of their work.
- Over half of respondents had not taken any time off work for sick leave in the last year due to

the impact of work on their mental health and wellbeing, while two in ten had taken between a day to a month or more off work; three in ten of respondents had wanted to take time off but had not felt able to.

- A third of respondents had considered leaving their job in the last year, and another third had considered leaving the pharmacy profession; the risk of leaving the profession was highest for those working in community pharmacy.

The risk of burnout among respondents continues to be high and is linked to inadequate staffing, long working hours and a lack of work-life balance, protected learning time, support and rest breaks.

- Nearly nine in ten respondents were at high risk of burnout as measured by the Oldenburg Burnout Inventory, a standardised tool for measuring burnout in healthcare professionals (1).
- Almost three in five respondents were either offered but frequently unable to take a break or not offered a break during working hours.
- Two in five respondents were not given any protected learning time by their place of work (or study), a further two in five were not given sufficient protected learning time or only given time for mandatory organisational training. Only one in five reported receiving sufficient protected learning time.

Many respondents were aware of the mental health and wellbeing support available but take up of services continues to be generally low. Barriers to accessing services were identified as a lack of time, concerns about confidentiality and the impact on respondent's career as well as respondents feeling they should be able to manage without seeking help.

- Nearly four in five respondents were aware of employer or NHS-funded occupational services; however, only 14% of respondents had accessed these services, while a fifth were unaware of these services. Awareness of services was lower for those working in community. The main barriers to accessing services were a lack of time, concerns about confidentiality and the potential impact on career, and respondents feeling that should be able to manage without seeking help
- Two thirds of all respondents would not feel

comfortable accessing support from their employer, university or place of work/study.

- Two thirds of respondents had heard of Pharmacist Support, but only 15% felt they knew lots about them and the services offered.

The findings add to the existing literature on the increasingly poor mental health and wellbeing of healthcare professionals and provides detail on the experiences of the pharmacy workforce.

Issues continuing to affect the pharmacy workforce include heavy workloads, inadequate staffing, long working hours with few breaks, and a lack of work-life balance.

There appears to be a relationship between high risk of burnout and work enjoyment, sick leave, and the desire to leave the profession.

Awareness of support services for mental health and wellbeing is reasonably high but take up is low, with clear barriers identified for accessing services.

Introduction

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacy across England, Scotland and Wales. We work to promote pharmacy in the media and government, lead the way in medicines information and support pharmacists in their education and development.

Since 2019, we have been working closely with the independent charity, Pharmacist Support, to better understand the mental health and wellbeing of the pharmacy workforce and the impact of the current workplace culture on pharmacy teams. Together, over the last three years, we have conducted an annual survey and developed a programme of work to support mental health and wellbeing in pharmacy, including the development of policy and support resources such as our [Wellbeing Hub](#) as well as the [Wardley Wellbeing Service](#) and [ACTNow campaign](#) provided by Pharmacist Support. In 2021, through our workforce wellbeing campaign, we were able to secure access for all pharmacists and pharmacy teams to funded NHS provided mental health and wellbeing support across England, Scotland and Wales. We also launched our [Pledge for Inclusion and Wellbeing](#) and a [Workforce Wellbeing in the Workplace Support Tool](#). Thanks to a grant from the Covid-19 Healthcare Support Appeal (CHSA), Pharmacist Support has been able to launch a new [counselling service](#) and they have also introduced a new [wellbeing learning platform](#).

In 2019, we found that 80% of our pharmacy workforce were at high risk of burnout, and this percentage increased to 89% in 2020. Our annual survey has identified some of the challenges that our workforce faces every day and has also highlighted how the COVID-19 pandemic has amplified pressures that were already inherent in the system.

A review published by the Community Pharmacy Workforce Development Group in 2021 highlighted that 'the ongoing pandemic has led to unprecedented demand and pressure on community pharmacy colleagues' and recognised that the sector need to evolve with the needs of patients and the NHS whilst balancing challenges of workforce recruitment and retention (2). Excessive workload and pressure, inflexible working hours and a lack of opportunities for career progression were highlighted as reasons for workforce challenges. A survey conducted by

the Pharmaceutical Journal found that a quarter of pharmacists report being very stressed at work with staff shortages and the demand for services making workload unsustainable (3). Similar issues have been identified in secondary care with high rates of burnout identified within the workforce (4, 5). Across other health professions, the importance of wellbeing to the quality of care and patient safety has been stressed in numerous reports (6-8). These reports stress the importance of organisations tackling the underlying causes of stress, ill health and wellbeing rather than solely focusing on their consequences.

The evidence shows that the pressures on the pharmacy workforce is continuing to have a negative impact on mental health and wellbeing with high workloads and staff shortages clearly affecting the workforce. The scale and impact of workforce burnout in the NHS and social care has been recognised by the Health and Social Care Committee and work is underway to address the mental and physical wellbeing of all staff (9).

In an effort to continue to advocate for pharmacy, and to ensure our mental health and wellbeing work is closely aligned to the current needs of the profession, we collaborated with Pharmacist Support, to conduct a follow up Mental Health and Wellbeing Survey in September/October 2021. We aim to ensure that workplace cultures are conducive to positive mental health and wellbeing.

The findings and recommendations are presented below.

AIM

The purpose of this survey was to gather a better understanding of the mental health and wellbeing of pharmacists and pharmacy students and how the results compare to the surveys undertaken in previous years (2019 and 2020). Our findings will feed into the development and expansion of our workforce wellbeing programme and will also be used to:

- Understand the impact that work may be having on the mental health and wellbeing in pharmacy.
- Identify areas where change may be required to support mental health and wellbeing in the workplace.

- Continue to advocate for changes in the workplace that will support positive mental health and wellbeing.

METHOD

We engaged with members, partners, and expert advisory groups to develop and test the survey. This was then transferred into Microsoft Forms and included demographic questions, questions about the current mental health and wellbeing of respondents, support services and resources and as well as inclusion and diversity data. Where appropriate, responses from our 2019 and 2020 survey are included to provide a comparison.

The survey was launched on 23 September 2021 and closed on 18 October 2021. A link to the survey was emailed to RPS members and registered users, identified through our contacts' management system. Regular reminders were sent throughout the data collection period. The survey was also disseminated via our social media and stakeholder networks. A copy of the 2021 Workforce Wellbeing survey can be found in [Appendix 2](#).

The survey data was exported into Excel and analysed by descriptive statistics. The qualitative data was coded and thematically analysed. Burnout scores were calculated using the standardised method of the Oldenburg Burnout Inventory (1).

FINDINGS AND DISCUSSION

A total of 1014 responses were received to the survey. The results from each section of the survey are presented and discussed below.

A full data set of results can be found in [Appendix 1: Data Tables](#).

Some caution should be taken when interpreting our findings due to the small sample size vs the total pharmacist and pharmacy student population.

1 Demographics

The main figures are summarised below.

- The majority of respondents (87%) were pharmacists, with between 11 and 39 years of practice experience (72%); 4% of respondents were provisionally registered pharmacists or foundation/trainee/pre-reg pharmacists, with another 4% undergraduate students.
- 62% of respondents were employed full-time, whilst 33% were employed part-time. 11% of respondents were self-employed. 87% of those currently studying were studying full-time.
- 75% of respondents worked (or studied) in England, 16% in Scotland and 8% in Wales.
- Of those currently working, 45% practiced in the community and 26% in hospital settings. Other sectors represented included general practice (11%) and other primary care setting (5%), as well as academia or education bodies (4%).

The survey also included an optional inclusion and diversity section, which was completed by 96% of respondents. The main figures are summarised below:

- 73% of respondents were female (including trans women) and 24% male (including trans men), with the majority of respondents (98%) stating that their gender was the same as assigned at birth.
- 86% of respondents were between 25 and 64 years of age.
- 73% of respondents were white (of which 86% were English, Welsh or Scottish), 14% Asian or British Asian (of which 59% were Indian) and 4% black or black British (of which 93% were African).
- The majority of respondents (82%) were heterosexual, with 3% gay men/women.
- 53% of respondents were married and 31% were never married or registered a civil partnership.
- The majority of respondents (91%) did not consider themselves to have a disability.
- 46% of respondents were Christian and 31% stated they had no religion.

These demographics are similar to the 2020 survey conducted. However, in comparison to the General Pharmaceutical Council (GPhC) workforce survey (10) of registered pharmacy professionals from 2019, our sample appears to overrepresent those from white backgrounds, females, working part-time and those from Scotland and Wales.

2 The mental health and wellbeing of respondents

The findings suggest that a significant proportion of the workforce are continuing to report average, poor or very poor mental health and wellbeing.

Respondents were asked questions on their overall mental health and wellbeing as well as the impact of their work on their mental health and wellbeing in the last year. Questions were also asked about work enjoyment and addiction or addictive behaviours.

36% of all respondents selected 'average' when asked to rate their overall mental health and wellbeing in the last year, whilst 29% selected 'poor' (see Figure 1). Compared to 2020, there has been an increase in the number of people reporting very good or good overall mental health and wellbeing (27% vs 17%), however a significant proportion are still reporting average, poor or very poor mental health and wellbeing.

2.1 Overall mental health and wellbeing

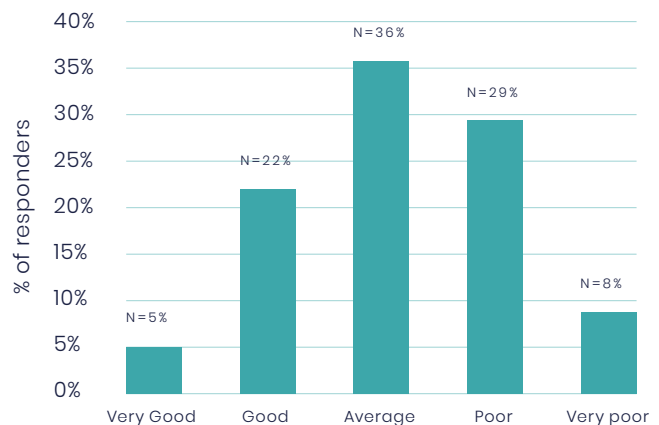


Figure 1: The overall mental health and wellbeing of respondents in the last year on a scale from very good to poor.

There were differences in responses according to age group, with those who had been qualified for between 0 and 10 years reporting higher levels of 'very poor' (17%) and lower levels of 'good' (13%) overall mental health and wellbeing. 59% of those with 0-2 years of practice rated their overall mental health and wellbeing as 'poor' or 'very poor', however this was a small sample size. Those aged under 34 years reported double the level of very poor overall mental health and wellbeing. Evidence has shown that across the board there are higher levels of anxiety and stress amongst this age group (11). Further research needs to be done relating to the impact of this within the workplace.

Across the three main sectors, community, hospital, and GP, there were some differences. In those

working in only community pharmacy, 33% rated their overall mental health and wellbeing as 'poor'. Hospital pharmacists had a fewer number of respondents selecting 'very good' (2%) and a higher number selecting 'very poor' (10%). Amongst pharmacists in general practice, there were fewer pharmacists selecting 'average' (23%) and a higher number selecting 'good' (27%) and 'poor' (34%). This suggests that pharmacists in different sectors have very different experiences and within sectors there are also differences.

The pandemic is still a likely contributor to mental health and wellbeing to those working in healthcare and the NHS. A population mental health and wellbeing surveillance report conducted by Public Health England (12) found that almost half of adults had reported that their wellbeing had been affected by the COVID-19 pandemic.

2.2 Impact of work on mental health and wellbeing

Respondents were asked to quantify the extent to which their day-to-day work (or study) had an impact on their mental health in the last year. The findings show that 68% of respondents reported that their work had negatively impacted their mental health and wellbeing. This is in line with the figures from the 2020 survey. Over 700 comments were received relating to this question.

The key themes from the analysis of responses were that high workloads, low levels of staffing, long working hours, the expectations of patients and the public, lack of recognition, and the general working environment all heavily contributed to work or study having a negative impact on mental health and wellbeing.

'I have insomnia during the week worrying about my workload... I avoid taking annual leave because I know I won't be able to catch up with my work after returning from leave'

Hospital pharmacist, England

'Work stresses are sometimes difficult to leave at the door on the way out. It's just the way of things.'

General Practice pharmacist, England

Totally had enough... I know I have done my job, I haven't let anyone down, I haven't let my patients down, but I just feel totally underappreciated... I have had a week off in 18 months and I feel burnt out. I can't tell you how absolutely relentless it has been. I feel broken'

Community pharmacist, Wales

'The stress of working without enough staff is terrible. The abuse and expectations of the customers is unmanageable.'

Community pharmacist, Scotland

41% of respondents stated that their mental health had sometimes affected their ability to carry out their work (or study) effectively or accurately. Although the data set was small, the data showed a higher proportion of pharmacists who had been qualified for between 0 and 5 years finding their mental health was affecting their ability to work effectively or accurately.

2.3 Enjoyment of work

Respondents were asked to rate their enjoyment of work on a scale from 'I really enjoy my work' to 'I really don't enjoy my work'. For the 2021 survey, one category was altered from 'I am indifferent about my work' to 'I enjoy some aspects of my work'. Over 50% of respondents said that they enjoyed some aspects of their work, with 84% either really enjoying, enjoying or enjoying some aspects of their work (see Figure 2).

MEASURE OF WORK ENJOYMENT

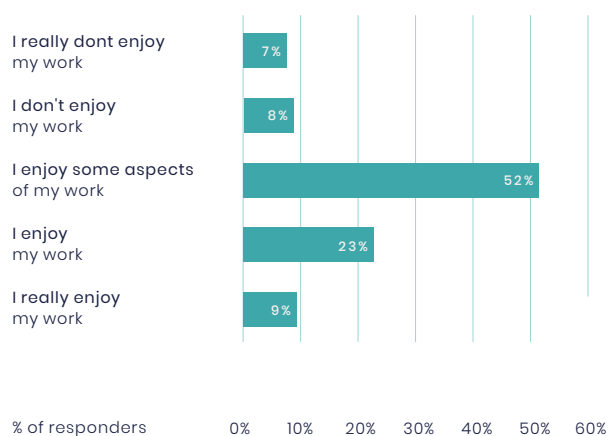


Figure 2: Rating of work enjoyment on a 5-point scale best reflecting the respondents on a day-to-day basis.

When this data was analysed by sector, hospital pharmacists were in line with the figures above. However, more community pharmacists stated that they did not enjoy their work (12%) than the average. However, a greater number of pharmacists in general practice stated that they enjoyed (33%) or really enjoyed (13%) their work, indicating this role appears to be giving greater job satisfaction.

Newly qualified pharmacists had a lower measure of work enjoyment than those who had been qualified longer, with only 9% of those who had been qualified for 0-2 years enjoying their work, and 12% of those 3-5 years qualified.

2.4 Time off work (sick leave)

The majority of respondents (54%) had not taken any time off work for sick leave in the last year. Nearly a fifth (18%) of respondents had taken between a day and a month or more off work in the last year and 28% had wanted to but not felt able. There is a growing body of evidence to support a correlation between higher sickness absence rates and poorer wellbeing (8, 13) as well as reduced productivity in those who are at work but unwell, which can cost businesses twice as much as sickness absence (14). Ignoring mental health and wellbeing risks not only the health of the workforce but also the wealth of a business and the economy.

A relationship could be seen between those who had taken time off work or who had wanted to take time off work and how they rated their overall health and wellbeing with at least 50% of respondents reporting poor or very poor overall mental health and wellbeing. In those who had taken a month or more in total off in the last year, 75% reported poor or very poor overall mental health and wellbeing.

2.5 Respondents who have considered leaving their job or the profession

Respondents were asked if at any point, the impact of their work or study on their mental health and wellbeing had caused them to consider leaving their job or the pharmacy profession. Reasons for considering leaving the role or profession were not explored in this survey.

33% of respondents had considered leaving their current role, 32% had considered leaving the pharmacy profession altogether and 31% had not considered it. This was in line with the figures from 2020. These figures appear to be higher than across healthcare, with the NHS Staff Survey 2020 showing that only 26.5% of NHS staff 'often thought about leaving their organisation'(15).

There were differences in responses based on the number of years respondents had been practising for and the sector they were practising in. Those who had been qualified for 5 years or less had a higher proportion (43%) of respondents who had considered leaving the pharmacy profession. Although the sample size for this group was small, this is of note and something that could have a significant impact on the profession going forward, especially with changes to the initial education and training of pharmacists underway (16). Those who worked in community pharmacy also had a higher proportion of respondents who had either considered leaving their role (37%) or the profession (39%). Those who did not fall under the categories of community, general practice or hospital pharmacy had similar numbers of respondents who had considered leaving their current role but a greater proportion who had not considered either leaving their job or the profession (45%).

2.6 Addiction and addictive behaviours

For 2021, respondents were asked if they had been concerned about addiction or addictive behaviours in the last year such as increased alcohol consumption, drug use or abuse, an unhealthy relationship with food, gambling, or any other addictive behaviour. The responses are presented below:

- 77% indicated they had not
- 3% indicated they had and had sought support
- 13% indicated they had but had not sought support

Nearly 80% of respondents who had sought support for addiction or addictive behaviours rated their overall mental health and wellbeing as poor or very poor in the last year.

3 Oldenburg Burnout Inventory

Our findings suggest that a high percentage of the workforce remains at high risk of burnout and has not changed compared to 2020.

Burnout is defined as 'a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (17). In this survey, as in 2019 and 2020, burnout was measured using the Oldenburg Burnout Inventory, a standardised tool for measuring burnout in healthcare professionals (1). This is a 16-item questionnaire which measures burnout through two factors; emotional exhaustion and disengagement in relation to work. Respondents were asked to rate their level of agreement with 16 statements using a four-point scale from strongly agree to strongly disagree (see Appendix 2). Every item is scored, and item ratings averaged into a single index (1-4) where a higher score is indicative of increased burnout.

Risk of burnout varies by profession and a lack of consistency in the tools used to measure burnout creates challenges when trying to establish benchmarks. In this report, a score of equal to, or greater than, 2.25 for exhaustion and 2.1 for disengagement was used to identify respondents at 'high risk' of burnout based on their responses (18). However, burnout has been identified as a widespread reality in today's NHS, having negative consequences for the mental health of individual staff, impacting on their colleagues and the patients and service users they care for with NHS staff 50% more likely to experience high levels of work-related stress compared with the general population (9).

The 2021 findings suggest that 89% of all respondents were at high risk of burnout, scoring above the defined cut offs for exhaustion and disengagement, the same as 2020.

84% of respondents had a high risk of disengagement and 85% had a high risk of exhaustion. However, analysis did show that for most of the items contained in the Oldenburg Burnout Inventory a small decrease was seen in the average score for an item compared to 2020 (see figure 3). Whilst this was not enough to bring the overall scores to below a level considered a 'high risk' for burnout it was encouraging to see the figures going in this direction. The average value for exhaustion in 2021 was 2.85 compared to 2.92 in

2020 and for disengagement was 2.52 compared to 2.59. Whilst this figure is going in the right direction, there is still a long way to go, particularly in relation to exhaustion.

Further analysis was undertaken to explore whether there were any differences between different groups of respondents, for example, there was a higher risk of burnout amongst pharmacists qualified for 5 years or less (95%) and in those working in community pharmacy (95%) and hospital pharmacy (91%) but lower rates than average in general practice (86%) and those working or studying in other sectors (77%). These differences, however, should be interpreted with caution given the small samples sizes involved. The datasets were not large enough to make any analyses based on ethnicity or other protected characteristics.

Of those who had taken time off work, 95% were at high risk of burnout compared to 81% of those who had not taken time off work. Concerningly, in those who stated they had wanted to take time off but had not felt able, 99% of respondents were at a high risk of burnout.

OLDENBURG BURNOUT INVENTORY AVERAGE RESPONSES

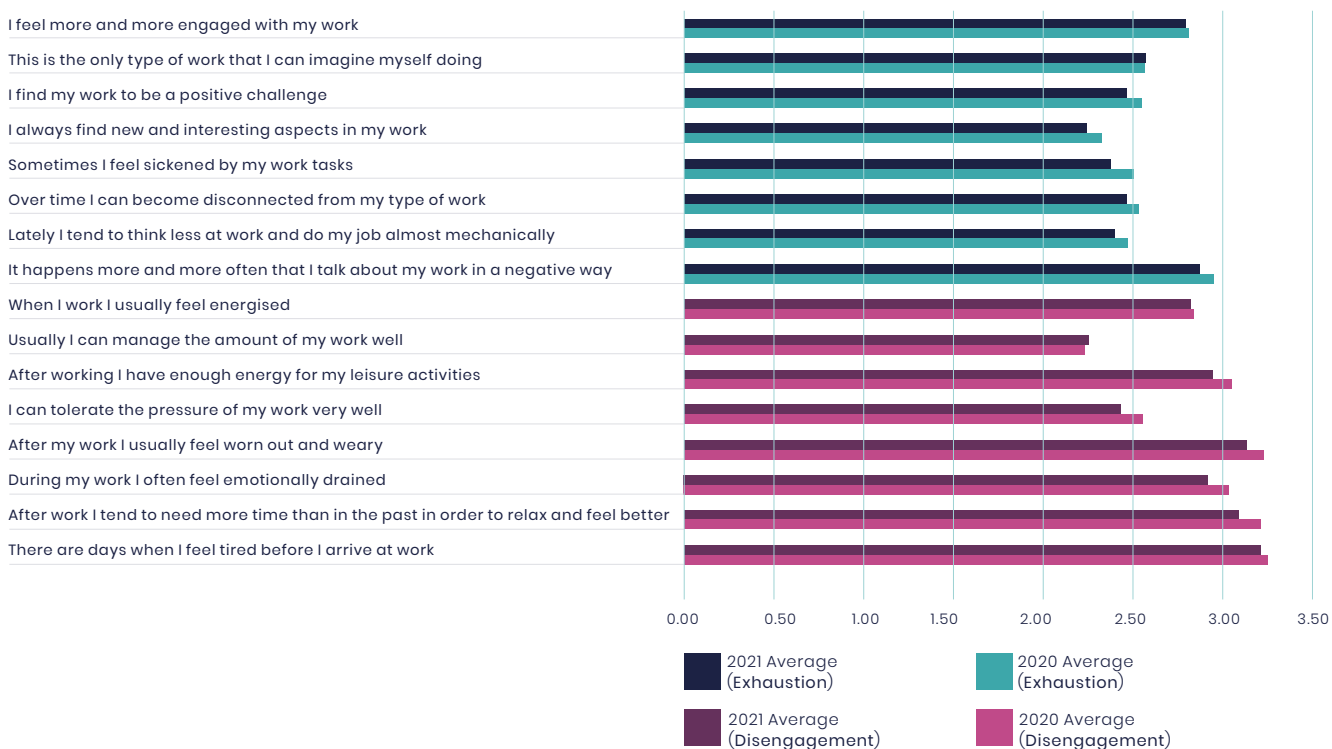


Figure 3: Comparison of average response for each item on the Oldenburg Burnout Inventory from 2021 and 2020.

Research has shown that risk of burnout in healthcare professionals has wider implications on the delivery of care, risk of medical errors, sick leave and general workforce retention (4, 7, 19). The top reasons cited by respondents that had a negative impact on mental health and wellbeing were inadequate staffing (70%), long working hours and a lack of work-life balance (64%).

3.1 Rest Breaks and Protected Learning Time

Respondents were asked whether their place of work (or study) offered regular rest breaks during working hours and if they were offered appropriate time by their place of work (or study) to address their professional development and learning needs.

40% of respondents stated that they were offered regular rest breaks during working hours but were frequently unable to take a break; 17% of respondents stated there were not offered rest breaks. A greater number of respondents in community pharmacy stated they were not offered rest breaks (25%) whilst a higher number of respondents in hospital pharmacy stated they were offered breaks but were frequently unable to take them (52%).

40% of respondents stated that they were not given any protected learning time, 22% stated they were not given sufficient protected learning time to address their professional development and learning needs and 17% stated they were given sufficient protected learning time. There were differences in response according to sector with 54% of those working in community pharmacy stating they did not get any protected learning time. Conversely, 33% of those working in General Practice responded that they were given sufficient protected learning, suggesting there is something about the model of employment in this sector that is favourable for professional development.

4 Mental health and wellbeing support

Whilst there has been an increase in the awareness of mental health and wellbeing support available to respondents, the uptake of these services still remains low. Specific barriers such as a lack of time to access, concerns about confidentiality and impact on career were highlighted as reasons for not using services.

4.1 Awareness of and access to support

Encouragingly, there has been an increase in the number of respondents aware of occupational health and wellbeing support services offered by their employer, university, or NHS since 2020 (78% (2021) vs 66% (2020)) 45% of respondents had not needed to access services. In line with 2020, it remains that 14% of respondents had accessed services but 18% of respondents stated they had not accessed services because of specific barriers. Within this group, 65% stated they had poor or very poor overall mental health and wellbeing in the last year.

37% of respondents from community pharmacy were not aware of services offered compared to 7% of respondents from hospital pharmacy. Conversely when looking at those who had accessed services, 7% of respondents from community pharmacy had whilst 24% of respondents from hospital pharmacy had. This suggests there has been successes in promoting services available to support mental health and wellbeing in the hospital pharmacy sector that both community pharmacy and general practice could learn from. There appeared to be differences in the awareness of support amongst different demographics, with a higher percentage of Asian or British Asian (32%) and Black or British Black (34%) respondents being unaware of services, however this was a small sample size so some caution must be taken in interpreting the results.

Two thirds of respondents indicated they would not feel comfortable seeking support for their mental health and wellbeing from their employer, a similar amount to 2020. Of those who answered no, 59% of respondents said they would be more likely to seek support for their mental health and wellbeing from an independent charity.

A total of 621 comments were received in response to asking respondents to explain what made them feel comfortable/uncomfortable when seeking or accessing support. Key themes that made people feel uncomfortable related to confidentiality and that what is said could be used against employees. The stigma attached to seeking help was also commented on, indicating that there is still work to do to overcome this. Where people indicated they felt comfortable seeking support, the key reasons were related to good working cultures and organisational factors.

'My line manager is supportive and values the mental health and wellbeing of her team... Her attitude engenders loyalty. I am always responsive to her requests and positively so because of her support to me.'

General Practice pharmacist, England

'Does accessing wellbeing through employer look like I can't do my job?'

Community pharmacist, Scotland

'It almost makes me feel a failure to admit that work has got too much for me'

Community pharmacist, England

'I do not trust that the support would be confidential and that my employer would not use what I have said against me.'

Community pharmacist, Scotland

4.2 Access to other mental health and wellbeing support

Respondents indicated a wide range of support they had accessed for their mental health and wellbeing outside of work. The most popular were apps such as Headspace (free to NHS employees) and Calm, Improving Access to Psychological Therapies (IAPT) services, GP services and private counselling services.

The independent charity, Pharmacist Support, offers support and services to pharmacists and their families, former pharmacists, trainee pharmacists and pharmacy students. 66% of respondents were aware of the charity but half of these only knew a little about them. The services respondents were most aware of are Information and Enquiries, and Peer Support via Listening Friends.

In response to the 2020 Workforce Wellbeing Survey, RPS has created a Wellbeing hub, a webpage with dedicated resources and signposting to support wellbeing. A third of respondents indicated they were aware of the hub but only 3% had used the wellbeing hub. Whilst this resource is freely available to members and non-members, to access resources users must create an account or log in using their membership details.

Conclusion

The findings of the 2021 RPS Mental Health and Wellbeing survey are broadly consistent with the findings from the 2020 and 2019 surveys. The findings suggest that a significant proportion of the workforce are continuing to report average, poor or very poor mental health and wellbeing. The findings show that a majority of the workforce do enjoy aspects of their work but inadequate staffing, long working hours, public expectation along with a lack of work life balance, protected learning time, rest breaks and support are causing work to negatively impact on mental health and wellbeing. A high proportion of the workforce are offered rest breaks but are frequently unable to take them and are not being given access to time for professional development or learning needs. Those working in community pharmacy showed lower enjoyment of their work, a higher risk of burnout and a greater percentage wanting to leave their role or the profession altogether. Pharmacists who had been qualified for fewer years also showed poorer overall mental health and wellbeing, a lower enjoyment of their role and a higher percentage wanting to leave the profession. Further in-depth qualitative research should be undertaken to examine this trend. Reasons for wanting to leave roles or the profession were not explored in this survey and should be explored in future. Those working in a GP setting seemed to have a greater enjoyment of their role and in England and Wales, were at a lower risk of burnout.

It is important to recognise there are limitations to the survey. The small sample size, particularly for certain groups, and a lack of baseline data for comparison mean that some results must be interpreted with caution. As the COVID-19 pandemic is still ongoing, it is difficult to fully assess how this has and will continue to affect mental health and wellbeing going forward. Further research is needed to continue to explore how the workforce can be supported and the reasons why parts of the workforce are considering leaving their role or the profession.

In conclusion, there are a number of recurring themes presented in this report that contribute to the mental health and wellbeing of the workforce. Whilst there is a need to support the workforce to prioritise their own health and wellbeing (13), evidence points towards poor working cultures, organisational factors and chronic excessive workload being the key drivers of poor mental health and burnout (9). If these are not tackled as a priority, then there could be major implications for patient outcomes and the performance of healthcare organisations. Alongside this, we need to continue to promote support available and address the stigma associated with accessing services as well demystifying and clarifying what accessing services means for employees. There is a need to consider this at an individual, demographic, sector and national level. We need to work together to create the right working environments and cultures for good mental health and wellbeing in pharmacy.

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Appendix 1: Data tables

Note: Data tables are only provided for the quantitative questions in the survey only. Missing questions numbers correspond to the qualitative data. Data tables and graphs will not always add up 100% because numbers have been rounded to the nearest whole number, and for some questions, the respondents could select more than one answer. Data on protected characteristics was collected (Q26-35), however these questions were optional.

Total number of responses 1014

Section 1 - About You

Q1. Which country do you mostly work (or study) in?	N	%
England (inc. Isle of Man and Channel Islands)	758	75%
Scotland	167	16%
Wales	83	8%
Northern Ireland	3	0%
International	3	0%
Total	1014	100%

Q2. Are you a...	N	%
Pharmacist	887	87%
Pharmaceutical Scientist	3	0%
Provisionally Registered Pharmacist	9	1%
Foundation / Trainee / Pre-reg Pharmacist	30	3%
Undergraduate Student	44	4%
Retired	19	2%
Other	22	2%
Total	1014	100%

Q3. What stage of your career are you in?	N	%
0-2 years of practice	44	5%
3-5 years of practice	60	7%
6-10 years of practice	75	8%
11-19 years of practice	189	21%
20-29 years of practice	251	28%
30-39 years of practice	211	23%
40-49 years of practice	71	8%
50 years +	11	1%
Total	912	100%

Q4. What is your main area of practice?	N	%
Community pharmacy	424	45%
Hospital pharmacy	246	26%
General Practice	101	11%
Other primary care setting	51	5%
Academia or Education Body	37	4%
Mental health services	18	2%
Pharmaceutical Industry	16	2%
Other	58	6%
Total	951	100%

Q5. Are you...	N	%
Employed full-time	630	62%
Employed part-time	332	33%
Self-employed full-time (incl. Locum)	41	4%
Self-employed part-time (incl. Locum)	71	7%
Studying full-time	47	5%
Studying part-time	17	2%
Maternity/Paternity Leave	3	0%
Not in paid employment	27	3%
*Percentages were calculated based on 1014 responses		

Section 2 - Your mental health and wellbeing

Q6. In the last year, how would you rate your overall mental health and wellbeing?	N	%
Very good	55	5%
Good	222	22%
Average	368	36%
Poor	289	29%
Very poor	80	8%
Total	1014	100%

Q7. In the last year, has your work (or study) had a positive or negative impact on your mental health and wellbeing?	N	%
Positive	97	10%
Negative	688	68%
Neither positive nor negative	158	16%
Don't know / Not sure	38	4%
Prefer not to say	16	2%
I am currently not working / studying	17	2%
Total	1014	100%

Q8. Please provide further details for your answer to the question above.

Q9. Does your mental health affect your ability to carry out your work (or study) effectively / accurately?	N	%
Always	30	3%
Often	125	13%
Sometimes	406	41%
Rarely	265	27%
Never	134	13%
Don't know / Not sure	32	3%
Prefer not to say	5	1%
Total	997	100%

Q10. On a day-to-day basis, which of the following statements about work (or study) enjoyment best describes you?	N	%
I really enjoy my work	87	9%
I enjoy my work	227	23%
I enjoy some aspects of my work	522	52%
I don't enjoy my work	77	8%
I really don't enjoy my work	73	7%
Don't know / Not sure	6	1%
Prefer not to say	5	1%
Total	997	100%

Q11. In the last year, have you taken time off work (or study) due to the impact of your work on your mental health and wellbeing?	N	%
Yes – a day or more in total	59	6%
Yes – a week or more in total	49	5%
Yes – a month or more in total	67	7%
I have wanted to, but have not felt able to	280	28%
No	534	54%
Don't know / Not sure	3	0%
Prefer not to say	5	1%
Total	997	100%

Q12. In the last year, at any point, has the impact of your work (or study) on your mental health and wellbeing caused you to consider leaving your job or the pharmacy profession?	N	%
Yes, I have considered leaving my current role	332	33%
Yes, I have considered leaving the pharmacy profession (incl. pharmacy studies)	316	32%
No, I have not considered this	311	31%
Don't know / Not sure	28	3%
Prefer not to say	10	1%
Total	997	100%

Q13. In the last year, have you been concerned about addiction or addictive behaviours (i.e. increased alcohol consumption, drug use or abuse, an unhealthy relationship with food, gambling or any other addictive behaviour)?	N	%
Yes, and I have sought support	31	3%
Yes, but I have not sought support	131	13%
No	771	77%
Don't know / Not sure	41	4%
Prefer not to say	23	2%
Total	997	100%

Section 3 - Burnout at work

Q14. Please indicate the extent to which you agree or disagree with each of the following statements. These statements explore the concept of burnout and are based on the Oldenburg Burnout Inventory. Please note that, in this context work can also mean study.?	Strongly agree	Agree	Disagree	Strongly disagree	TOTAL
I always find new and interesting aspects in my work	13%	51%	31%	5%	100%
There are days when I feel tired before I arrive at work	41%	47%	11%	2%	100%
It happens more and more often that I talk about my work in a negative way	27%	42%	25%	5%	100%
After work I tend to need more time than in the past in order to relax and feel better	38%	42%	18%	3%	100%
I can tolerate the pressure of my work very well	6%	47%	40%	7%	100%
Lately I tend to think less at work and do my job almost mechanically	8%	35%	49%	8%	100%
I find my work to be a positive challenge	7%	44%	41%	8%	100%
During my work I often feel emotionally drained	28%	43%	25%	3%	100%
Over time I can become disconnected from my type of work	10%	38%	47%	6%	100%
After working I have enough energy for my leisure activities	4%	22%	45%	29%	100%
Sometimes I feel sickened by my work tasks	11%	33%	43%	13%	100%
After my work I usually feel worn out and weary	38%	45%	16%	2%	100%
This is the only type of work that I can imagine myself doing	7%	35%	47%	11%	100%
Usually I can manage the amount of my work well	9%	59%	26%	5%	100%
I feel more and more engaged with my work	4%	24%	58%	14%	100%
When I work I usually feel energised	3%	27%	52%	19%	100%

Q15. Which of the following (if any) would you say have had a negative impact on your mental health and wellbeing in the last year? Please select all that apply	N	%
Inadequate staffing	700	70%
Long working hours and lack of work-life balance	637	64%
Lack of protected learning time	533	53%
Lack of colleague or senior support	518	52%
Lack of rest breaks	499	50%
Concerns about COVID-19 transmission	399	40%
Feeling isolated (home or solo working)	285	29%
Concerns about PPE	147	15%
Discrimination / bullying at work	144	14%
GPhC Registration Assessment	72	7%
Other studies/assessments e.g. IP, other post-graduate study	139	14%
GPhC Inspections/CQC Inspections/Care Inspectorate Inspections	50	5%
*Percentages were calculated based on 997 responses		

Q16. Does your place of work (or study) offer regular rest breaks during working hours?	N	%
Yes, I am offered but I am frequently unable to take a break	400	40%
Yes, I am offered and usually do take a break	388	39%
No, I am not offered breaks	171	17%
Don't know / Not sure	24	2%
Prefer not to say	14	1%
Total	997	100%

Q17. Does your place of work (or study) offer appropriate time for you to address your professional development and learning needs?	N	%
No, I'm not given any protected learning time	395	40%
No, I'm not given sufficient protected learning time	217	22%
Yes, I am given sufficient protected learning time	166	17%
Yes, but I'm only given time for mandatory organisational training	163	16%
Don't know / Not sure	46	5%
Prefer not to say	10	1%
Total	997	100%

Section 4 – Access to mental health and wellbeing support at work

Q18. Are you aware of any occupational health and wellbeing support services provided by your employer, university or the NHS that you could access should you require support for your mental health and wellbeing?	N	%
Yes, I am aware of, but have not needed to access, these services	451	45%
Yes, I am aware of, but have not accessed, these services due to specific barriers	180	18%
Yes, I am aware of, and have accessed, these services	142	14%
No, I am not aware of these services	224	22%
Total	997	100%

Q19.	Which services have you used?	N = 112	

Q20.	What are the barriers to using these services? Please select all that apply	N	%
	Lack of time to access services	95	53%
	Concerns about confidentiality	82	46%
	Concerns about potential impact on my career	75	42%
	Services not available at suitable times	38	21%
	Service platform / flexibility e.g. unable to access online sessions rather than face-to-face	17	9%
	Lack of services which are culturally aware / sensitive for my needs	14	8%
	I felt that I should be able to manage without seeking help	80	44%
	*Percentages were calculated based on 180 responses	997	100%

Q21.	What would help to overcome these barriers?	N = 90	

Q22.	Would you feel comfortable seeking support for your mental health and wellbeing from your employer, university or place of work/study?	N	%
	No	379	38%
	Yes	339	34%
	Don't know / Not sure	279	28%
	Total	997	100%

Q23.	Would you be more likely to seek support for your mental health and wellbeing from an independent charity?	N	%
	Yes	222	59%
	No	75	20%
	Don't know / Not sure	82	22%
	Total	379	100%

Q24.	Please explain your answer to the questions above i.e. what makes you feel comfortable / uncomfortable when seeking or accessing support?	N = 615	

Section 5 – Access to other mental health and wellbeing support

Q25. If you access, or have accessed, support for your mental health and wellbeing outside of work, could you please share details of the services (including apps) that you use? N = 256

Q26. Have you heard of the independent charity Pharmacist Support?

	N	%
No	343	34%
Yes, I've heard the name but I only know a little about them	327	32%
Yes, but I've only heard the name	195	19%
Yes, and I feel that I know a lot about them	149	15%
Total	1014	100%

Q27. Which of the following services offered by the independent charity Pharmacist Support are you aware of? Please select all that apply

	N	%
Information and enquiries	312	66%
Peer support via Listening Friends	257	54%
Financial assistance	211	44%
Counselling service	204	43%
Addiction support	167	35%
Specialist advice	132	28%
Wardley Wellbeing Services	124	26%
ACTNow wellbeing campaign	94	20%
National student bursary scheme	55	12%
None of the above	58	12%

***Percentages were calculated based on 476 responses**

Q28. Are you aware of RPS Wellbeing hub – a webpage with dedicated resources and sign-posting to support your wellbeing?

	N	%
No, I am not aware of the wellbeing hub	681	67%
Yes, I am aware of but have not used the wellbeing hub	306	30%
Yes, I am aware of and have used the wellbeing hub	27	3%
Total	1014	100%

Section 6 – Inclusion and Diversity

Q29. Which of the following best describes you?	N	%
Female (including trans women)	729	73%
Male (including trans men)	243	24%
Non-Binary	5	0%
Prefer to self-describe	1	0%
Prefer not to say	27	3%
Total	1005	100%

Q30. If you answered 'prefer to self-describe' please do so below.	N = 1

Q31. . Is your gender the same as you were assigned at birth?	N	%
Yes	984	98%
No	2	0%
Prefer not to say	17	2%
Total	1003	100%

Q32. Is your gender the same as you were assigned at birth?	N	%
24 and under	73	7%
25-34	167	17%
35-44	233	23%
45-54	257	26%
55-64	205	20%
65+	53	5%
Prefer not to say	16	2%
Total	1004	100%

Q33. What is your sexual orientation?	N	%
Heterosexual	819	82%
Bisexual	34	3%
Asexual	21	2%
Gay Man	19	2%
Gay Woman/Lesbian	7	1%
Prefer to self-describe	5	1%
Prefer not to say	93	9%
Total	1004	100%

Q34. If you answered 'prefer to self-describe' please do so below.

N = 4

Q35. What is your legal marital or registered civil partnership status?

	N	%
Married	532	53%
Never married and never registered a civil partnership	307	31%
Divorced	60	6%
Separated, but legally married	17	2%
Widowed	12	1%
Separated, but legally in a civil partnership	1	0%
In a registered civil partnership	3	0%
Formally in a civil partnership which is now legally dissolved	0	0%
Surviving partner from a registered civil partnership	0	0%
Prefer not to say	64	6%
Total	996	100%

Q36. Do you consider yourself to have a disability? The Disability Discrimination Act 1995 states that a 'person has a disability for the purpose of this Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'. Please note: you do not need to be registered as disabled to answer Yes to this question.

	N	%
No	907	91%
Yes	66	7%
Prefer not to say	22	2%
Total	995	100%

Q37. What is your ethnic origin?

	N	%
White	732	73%
Asian or British Asian	138	14%
Black or Black British	41	4%
Mixed or Multiple Ethnic Group	17	2%
Another Ethnic Group	17	2%
Prefer to self describe	4	0%
Prefer not to say	49	5%
Total	998	100%

Q38. If you answered 'prefer to self describe' please do so below.

N = 4

Q39. Asian or British Asian	N	%
Indian	77	59%
Pakistani	17	13%
Chinese	16	12%
Bangladeshi	9	7%
Other	12	9%
Total	131	100%

Q40. Black or Black British	N	%
African	38	93%
Caribbean	3	7%
Other	0	0%
Total	41	100%

Q41. Mixed or Multiple Ethnic Group	N	%
White and Asian	7	47%
White and Black Caribbean	4	27%
White and Black African	1	7%
Other	3	20%
Total	15	100%

Q42. Other Ethnic Group	N	%
Arab	4	31%
Other	9	69%
Total	13	100%

Q43. Mixed or Multiple Ethnic Group	N	%
English/Welsh/Scottish	625	86%
European	43	6%
Northern Irish/British	29	4%
Irish	16	2%
Gypsy or Irish Traveller	0	0%
Other	12	2%
Total	725	100%

Q44. What is your religion or belief?	N	%
Christianity	449	46%
Islam	58	6%
Hinduism	39	4%
Sikhism	14	1%
Buddhism	9	1%
Judaism	9	1%
Jainism	3	0%
Zoroastrians (Parsi)	1	0%
Baha'i	0	0%
Rastafarianism	0	0%
No religion	306	31%
Prefer not to say	75	8%
Other	462	47%
Total	976	100%

Section 6 - Inclusion and Diversity

Q45. Real life stories and quotes are an extremely powerful method of communicating survey findings. Would you be happy for us to use your responses as quotes in the survey analysis and resulting publication? Please note that your participation in this survey is completely anonymous. Any identifiable data/quotes will not be used.	N	%
Yes	641	63%
No	373	37%
Total	1014	100%

Q46. Do you have any further comments?	N = 247

Appendix 2: Survey Questions

SECTION 1 ABOUT YOU...

1. Which country do you mostly work (or study) in?

- England (inc. Isle of Man and Channel Islands)
- Scotland
- Wales
- International (inc. Northern Ireland)

2. Are you a...

- Pharmacist
- Pharmaceutical Scientist
- Provisionally registered pharmacist
- Foundation / Trainee / Pre-reg pharmacist
- Undergraduate student
- Retired
- Other

3. At what stage of your career are you?

- 0-2 years of practice
- 3-5 years of practice
- 6-10 years of practice
- 11-19 years of practice
- 20-29 years of practice
- 30-39 years of practice
- 40-49 years of practice
- 50 years +

4. What is your main area of practice?

- Community
- Hospital
- General practice
- Other primary care setting
- Academia or Education body
- Pharmaceutical Industry
- Prison
- Mental Health services
- Other

5. Are you...

- Employed full-time
- Employed part-time
- Self-employed full-time (incl. Locum)
- Self-employed part-time (incl. Locum)
- Studying full-time
- Studying part-time
- Maternity/Paternity Leave
- Not in paid employment
- Other

SECTION 2
YOUR MENTAL HEALTH AND WELLBEING

6. In the last year, how would you rate your overall mental health and wellbeing?

- Very good
- Good
- Average
- Poor
- Very Poor

7. In the last year, has your work had a positive or negative impact on your mental health and wellbeing?^{ic}

- Positive
- Negative
- Neither positive or negative
- Don't know/not sure
- Prefer not to say
- I am currently not working/studying

8. Please explain your answer to the question above.

9. Does your mental health affect your ability to carry out your work effectively/accurately?

- Always
- Often
- Sometimes
- Rarely
- Never
- Don't know/Not sure
- Prefer not to say

10. On a day-to-day basis, which of the following statements about work enjoyment best describes you?

- I really enjoy my work
- I enjoy my work
- I enjoy some aspects of my work
- I don't enjoy my work
- I really don't enjoy my work
- Don't know/Not sure
- Prefer not to say

11. In the last year, have you had to take time off work (or study) due to the impact of your work on your mental health and wellbeing?

- Yes – a day or more in total
- Yes – a week or more in total
- Yes – a month or more in total
- I have wanted to but have not felt able to
- No
- Don't know/not sure
- Prefer not to say

12. In the last year, at any point, has the impact of your work on your mental health and wellbeing caused you to consider leaving your job or the pharmacy profession?

- Yes, I have considered leaving my job
- Yes, I have considered leaving the pharmacy profession (incl. pharmacy studies)
- No, I have not considered this
- Don't know/Not sure
- Prefer not to say

13. In the last year, have you been concerned about addiction or addictive behaviours (i.e. increased alcohol consumption, drug use or abuse, an unhealthy relationship with food, gambling or any other addictive behaviour)?

- Yes, and I have sought support
- Yes, but I have not sought support
- No
- Don't know / not sure
- Prefer not to say

**SECTION 3
BURNOUT AT WORK**

14. Please indicate the extent to which you agree or disagree with each of the following statements (scale: strong agree, agree, disagree, strongly disagree). These statements explore the concept of burnout and are based on the Oldenburg Burnout Inventory developed by Dr Evangelia Demerouti.

- I always find new and interesting aspects in my work
- There are days when I feel tired before I arrive at work
- It happens more and more often that I talk about my work in a negative way
- After work I tend to need more time than in the past in order to relax and feel better
- I can tolerate the pressure of my work very well
- Lately I tend to think less at work and do my job almost mechanically
- I find my work to be a positive challenge
- During my work I often feel emotionally drained
- Over time I can become disconnected from my type of work
- After working I have enough energy for my leisure activities
- Sometimes I feel sickened by my work tasks
- After my work I usually feel worn out and weary
- This is the only type of work that I can imagine myself doing
- Usually I can manage the amount of my work well
- I feel more and more engaged with my work
- When I work I usually feel energised

15. Which of the following (if any, would you say have had a negative impact on your mental health and wellbeing in the last year? [please select all that apply]

- Long working hours and lack of work-life balance
- Lack of rest breaks
- Lack of protected learning time
- Lack of colleague or senior support on the job
- Inadequate staffing
- Feeling isolated (home or solo working)
- Discrimination / Bullying at work
- GPhC Inspections/CQC Inspections/Care Inspectorate Inspection
- GPhC Registration Assessment
- Other studies/assessments e.g. IP, other post-graduate study
- Concerns about COVID-19 transmission
- Concerns about PPE
- Other

16. Does your place of work offer regular rest breaks during working hours?

- Yes, I am offered and usually do take a break
- Yes, I am offered but am frequently unable to take a break
- No, I am not offered breaks
- Don't know/Not sure
- Prefer not to say

17. Does your place of work offer appropriate time for you to address your professional development and learning needs?

- Yes, I'm given sufficient protected learning time
- Yes, but I'm only given mandatory organisational training time
- No, I'm not given sufficient protected learning time
- Don't know/ Not sure
- Prefer not to say

SECTION 4
ACCESS TO MENTAL HEALTH AND
WELLBEING SUPPORT AT WORK

18. Are you aware of any occupational health and wellbeing support services provided by your employer or the NHS that you could access should you require support for your mental health and wellbeing?

Yes, I am aware of and have accessed these services

Yes, I am aware of, but have not needed to access these services

Yes, I am aware of but have not accessed these services due to specific barriers

No, I am not aware of these services

19. [if answered a. to Q17] Which services have you used?

20. If answered c to Q17, what are the barriers to you using services? (please tick all that apply)

Services not available at suitable times

Lack of time to access services

Concerns about confidentiality

Concerns about potential impact on my career

Lack of services which are culturally aware / sensitive for my needs

I felt that I should be able to manage without seeking help

Other (specify)

21. What would help to overcome these barriers?

22. Would you feel comfortable seeking support for your mental health and wellbeing from your employer, place of work?

Yes

No

Don't know/not sure

23. Please explain your answer to the question above e.g. what makes you feel comfortable / uncomfortable when seeking or accessing support?

SECTION 5
ACCESS TO OTHER MENTAL HEALTH AND WELLBEING SUPPORT

24. If you access, or have accessed, support for your mental health and wellbeing outside of work, could you please share details of the services (including apps) that you use?

25. Have you heard of the independent charity Pharmacist Support?

- Yes, and I feel I know a lot about them
- Yes, I've heard the name but I only know a little about them
- Yes, but I've only heard the name
- No

26. Which of the following services offered by Pharmacist Support are you aware of? [please select all that apply]

- Information and enquiries
- Peer support via Listening Friends
- Financial assistance
- Counselling service
- Addiction support
- Specialist advice
- Wardley Wellbeing Services
- ACTNow wellbeing campaign
- National student bursary scheme
- None of the above

27. Are you aware of the RPS Wellbeing hub – a webpage with dedicated resources and signposting to support your wellbeing?

- Yes, I am aware of and have used the wellbeing hub
- Yes, I am aware of but have not used the wellbeing hub
- No, I am not aware of the wellbeing hub

SECTION 6
INCLUSION AND DIVERSITY

28. Which of the following best describes you

- Female (including trans woman)
- Male (including trans man)
- Non-Binary
- Prefer to self-describe
- Prefer not to say

29. If you answered 'prefer to self-describe' please do so below

30. Is your gender the same as you were assigned at birth?

- Yes
- No
- Prefer not to say

31. What is your age?

- 24 and under
- 25 -34
- 35 - 44
- 45 - 54
- 55 - 64
- 65+

32. What is your sexual orientation?

- Asexual
- Bisexual
- Gay Man
- Gay Woman / Lesbian
- Heterosexual
- Prefer to self-describe
- Prefer not to say

33. If you answered 'prefer to self-describe' please do so below

34. What is your legal marital or registered civil partnership status?

- Never married and never registered a civil partnership
- Married
- In a registered civil partnership
- Separated, but legally married
- Separated, but legally in a civil partnership
- Divorced
- Formally in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a registered civil partnership
- Prefer not to say

35. Do you consider yourself to have a disability?

The Disability Discrimination Act 1995 states that a 'person has a disability for the purpose of this Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'.

Please note: you do not need to be registered as disabled to answer Yes to this question

- Yes
- No
- Prefer not to say

36. What is your ethnic origin?

- Asian or British Asian (Q36)
- Black or Black British (Q37)
- Mixed or Multiple Ethnic Group (Q38)
- Another Ethnic Group (Q39)
- White (Q40)
- Prefer to self-describe
- Prefer not to say

37. If you answered prefer to self-describe, please do so below

38. Asian or British Asian

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other

39. Black or Black British

- African
- Caribbean
- Other

40. Mixed or Multiple Ethnic Group

- White and Black African
- White and Black Caribbean
- White and Asian
- Other

41. Other Ethnic Group

- Arab
- Other

42. White

- English / Welsh / Scottish
- Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- European
- Other

43. What is your religion or belief?

- Baha'i
- Buddhism
- Christianity
- Hinduism
- Islam
- Jainism
- Judaism
- Rastafarianism
- Sikhism
- Zoroastrians (Parsi)
- No religion
- Prefer not to say

SECTION 7

FINAL COMMENTS AND SUBMISSION

44. Real life stories and quotes are an extremely powerful method of communicating survey findings. Would you be happy for us to use your responses as quotes in the survey analysis and resulting publication? Note that participation in this survey is completely anonymous and any identifiable quotes will not be used

- Yes
- No

45. Are there any other comments you would like to share?

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- Pharmacist Support
- The RPS National Pharmacy Boards
- The RPS Head of Professional Belonging
- The RPS Digital Marketing and Communications team
- The RPS Country Teams
- Planning Unit

For any follow up queries or questions relating to the content of this report please contact research@rpharms.com

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